

# HELICOPTER RESCUE SWIMMER EVALUATION REPORT

NAME:	RATE:	SSN:	DATE:
TOTAL WATER ENTRIES: (NOTE #1)	TYPE AIRCRAFT:		DATE OF LAST EVALUATION:

REQUIREMENT	DATE COMPLETED	Q	CQ	U
LIFESAVING PROCEDURES	_____	_____	_____	_____
PARACHUTE DISENTANGLEMENT	_____	_____	_____	_____
RESCUE DEVICES	_____	_____	_____	_____
RESCUE HAND SIGNALS	_____	_____	_____	_____
EMERGENCIES	_____	_____	_____	_____
CPR	_____	_____	_____	_____
WRITTEN EXAMINATION (NOTE #2)	_____	GRADE: _____		
PHYSICAL READINESS TEST (NOTE #3)	_____	GRADE: _____		

REMARKS OF EVALUATOR/INSTRUCTOR:

EVALUATOR/INSTRUCTOR	SIGNATURE	DATE
INLAND RESCUE CREWMAN	SIGNATURE	DATE
COMMANDING OFFICER	SIGNATURE	DATE

NOTE #1	6/2 ANNUALLY, JAN-DEC, NOT TO EXCEED 12 MONTHS.
NOTE #2	MINIMUM GRADE OF 3.4 REQUIRED.
NOTE #3	MOST RECENT/GOOD OR ABOVE.